ACADEMIC PROGRAM CAMPUS COORDINATOR

ANNUAL ACTIVITIES CHART

Please enter the requested information below as completely and succinctly as possible; submit by email to your campus dean and associate dean by May 1.

Program Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Coordinator Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Period: Summer \_\_\_\_ to Spring \_\_\_\_

Number of Declared Majors This AY: \_\_\_\_\_\_\_\_\_ Total Number of Graduates Last AY: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Activity(from **last summer** to current **spring semester**) | Number (where appropriate)  | Comments(e.g., is activity applicable to campus or additional info) |
| Recruitment |  |  |
| * High School Visits
 |  |  |
| * Orientation Participation
 |  |  |
| * Special Activities
 |  |  |
| * Other
 |  |  |
|  |  |  |
| Advising |  |  |
| * Student Advising Sessions
 |  |  |
| * Student Clubs and Organizational Meetings
 |  |  |
| * Welcoming Incoming Students
 |  |  |
| * Course substitution/graduation checks
 |  |  |
| * Other
 |  |  |
|  |  |  |
| Assistance to Associate Dean |  |  |
| * Course scheduling
 |  |  |
| * Securing/Mentoring new adjunct faculty
 |  |  |
| * Consulting on new clearance faculty
 |  |  |
| * OULN or online courses offered
 |  |  |
| * Equipment repair or updating
 |  |  |
| * Other
 |  |  |
|  |  |  |
| Assistance to RHE and Division Coordinators |  |  |
| * Regular Advisory Committee Meetings
 |  |  |
| * Grade appeals as needed
 |  |  |
| * Budget as needed
 |  |  |
| * Planning/Reporting
 |  |  |
| * Curriculum revision
 |  |  |
| * Other
 |  |  |
|  |  |  |
| Marketing  |  |  |
| * Updating website
 |  |  |
| * Updating brochure
 |  |  |
| * Other
 |  |  |
|  |  |  |
| Other Items of Interest |  |  |

 All Program Courses (e.g, HST, EM, …) Offered Last Summer

|  |  |  |  |
| --- | --- | --- | --- |
| CourseTitle | Course Number | InstructorName | Student Enrollment |
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 All Program Courses (e.g, HST, EM, …) Offered Last Fall

|  |  |  |  |
| --- | --- | --- | --- |
| CourseTitle | Course Number | InstructorName | Student Enrollment |
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 All Program Courses (e.g, HST, EM, …) Offered This Spring

|  |  |  |  |
| --- | --- | --- | --- |
| CourseTitle | Course Number | InstructorName | Student Enrollment |
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Please provide a summary of the most important items in this review period.

Please provide a summary of the most important action items for the next review period.